

2020 Youth Volleyball

REGISTER BY: August 12, 2020

SEASON: Week of Sept. 5, 2020

FEE: \$42.40 (includes tax & a t-shirt)

shutterstock.com • 747373975

DIVISIONS offered: 2nd/3rd & 4th/5th & 6th/7th Grades

REGISTRATION INFORMATION

- Play will be on Wednesdays, Thursdays & Saturdays
- This packet includes waivers, which must be signed by each participant's parent or legal guardian.
- Rosters must be accompanied by all payments and waivers when turned in. Please *DO NOT* instruct your players to come in separately.
- If you need additional players call the Recreation Center at (208)612-8580.

Youth Volleyball Youth Team Roster

Team Name/School:	
Grade/Division:	
	Phone #
Coach Name:	texting:
Address:	
E-mail: (print	
clearly)	

CI	clearly)				
	Paid	Name	Address	Phone #	Shirt Size
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Youth Volleyball Shirt Order Form

Team			
Name/School:			
Grade/Division:			
Coach			
Name:			
Phone #			
<pre>Texting: E-mail: (print</pre>			
clearly)			
Size	Quantity		
Youth Small	Quartery		
Youth Med		_	
Youth Large			
Adult Small			
Adult Med			
Adult Large			
Adult X Large			
Color		_	
1 st Choice			
2 nd Choice			
3 rd Choice			
Team Name ***	T		
1 st Choice			
2 nd Choice			
3 rd Choice			

^{***} Name is on a First Come First Choice



City of Idaho Falls Parks & Recreation Release Form

Student Name:
Parent/Guardian Name:
Emergency Contact Number:
Student' allergies or significant medical conditions:
Authorization for Medical Treatment/Indemnification
I hereby authorize and give my consent to the City of Idaho Falls and its
officers, agents and employees and any licensed physician to perform
upon or administer to my child, as identified above, any reasonable and
necessary medical, surgical or emergency treatment as necessary in their
best judgment to stabilize his/her condition or to preserve life or limb. I
further agree to pay for all necessary medical treatment as so authorized
and to hold harmless and release the City and its' officers or agents from
any obligation or responsibility with respect thereto. I further represent
that such child has no condition, illness, disease, disability or other
limitation that would pose any potential risk of bodily harm or injury to
such child, or any other child, except as disclosed above. I further
represent that such child has no allergy to any medication or other
condition limiting the administration of drugs or medication, except as
otherwise disclosed above.
I further agree to indemnify and hold harmless any officer, agent or
employee of the City from any and all actions, causes of actions, suits,
injury claims, or demands asserted by any third party, with respect to any
act, omission, wrongful or unlawful conduct by my child during the course
of his/her participation in program/activity.
This Agreement shall be binding upon the heirs, personal representatives,
successors, and assigns of the undersigned.
As a parent or guardian of a participant in this recreation
program/activity, I understand the inherent risks that are associated with
all athletic & recreational activity. I do hereby waive any and all claims for
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Parent/Guardian Signature

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DISCLAIMER AND RELEASE AGREEMENT

This release and authorization acknowledges that we may now, or at any time while you are employed, renting, or volunteering, conduct a verification of your motor vehicle records, and receive any criminal history record information pertaining to you that may be in the files of any federal, state, county, or local criminal justice agency and or other information as deemed necessary to fulfill the job requirements. The results of this verification process will be used to determine employment under employment policies. I hereby certify that the information provided by me for this purpose is true and complete to the best of my knowledge and understand that if I am accepted, any false statements or omissions will be considered as cause for dismissal/removal. I do hereby agree to forever release and discharges, employee and any of it's agents to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses or any other complaint filed with an agency arising from the retrieving and reporting information.

DEPARTMENT:			LACTNAM	-	
IRST NAME:FULL MIDDLE NAME:			_LASINAME:		
MAIDEN NAME / FORMER MARRIED NA	. ,				
, ,					
DRIVERS LICENSE #:(Only for driving positions)	SOCIAL SECURITY NUMBER (Please Write Clearly & Neatly	SOCIAL SECURITY NUMBER: (Please Write Clearly & Neatly)		DATE OF BIRTH:// (Please Write Clearly & Neatly)	
List your addresses for the last	7 (seven) years. Include the dates	from/to for ea	ch addres	s. Please PRINT clea	rly.
CURRENT ADDRESS:	CITY	STATE	ZIP	COUNTY	FROM / TO
FORMER ADDRESS:	CITY	STATE	ZIP	COUNTY	FROM / TO
FORMER ADDRESS:	CITY	STATE	ZIP	COUNTY	FROM / TO
FORMER ADDRESS:	CITY	STATE	ZIP	COUNTY	FROM / TO
FORMER ADDRESS:	CITY	STATE	ZIP	COUNTY	FROM / TO
FELONY OR MISDEMEANORS	S: YES NO PLEASE EXPLAI				
All arrests, charges, conviction	2				
be listed here. List location (county) of charge and date of charge. Please do not leave anything out and <u>print</u> clearly. It is important you understand this section completely.		3			
		4			
Signature of Applicant:		Today's Da	te:		
Home Telephone Number:					
If Applicant is under 18, signa	ature of parent or legal guardian	1			
Signature of parent or legal guar	rdian:		_		

Return completed form to the City of Idaho Falls Human Resources office
Fax (208-612-8321) or email (ehorne@idahofallsidaho.gov)